

Name
in
Full

Charles Brooks.

22
CERTIFICATE OF DEATHTO BE ANSWERED BY
NEAREST FRIEND

MARYLAND

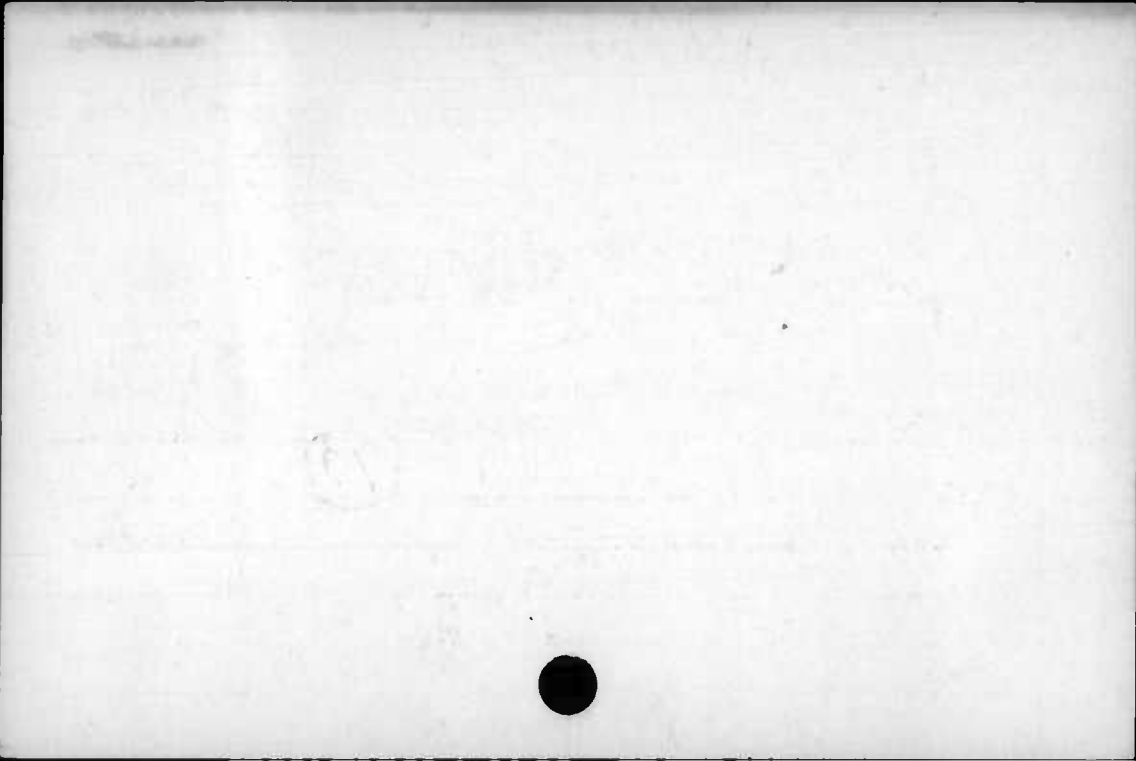
Died at <u>Bladensburg</u> ^{Town} <u>Calvert</u> ^{County}			
Date of death	1908	Month	Jan
		Day	14
		Age	25
Sex	Male	Color or Race	Caucasian
Occupation	Farmer	Birth-Place	Calvert Md
Where Residing if not at place of death			
Married, Single or Widowed	Married	Name of Wife or Husband	Stephen Boone
Father's Name	Do not know	Father's Birthplace	St. Mary's Md
Mother's Maiden Name	Do not know	Mother's Birthplace	St. Mary's Md
Name of person giving information	Charles Reynolds	How related to deceased	None

CAUSES OF DEATH

10

PHYSICIAN
OR CORONER

Primary	{ Sudden death - }	How long	{ 2 minutes 6 minutes }
Immediate		How long	
Are the name, age, sex, color, date and place correctly given above?		Yes.	
Signature of Physician		Address	
Accident or Suicide?		(M)	



Name
in
Full

Delia Fowler

22

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

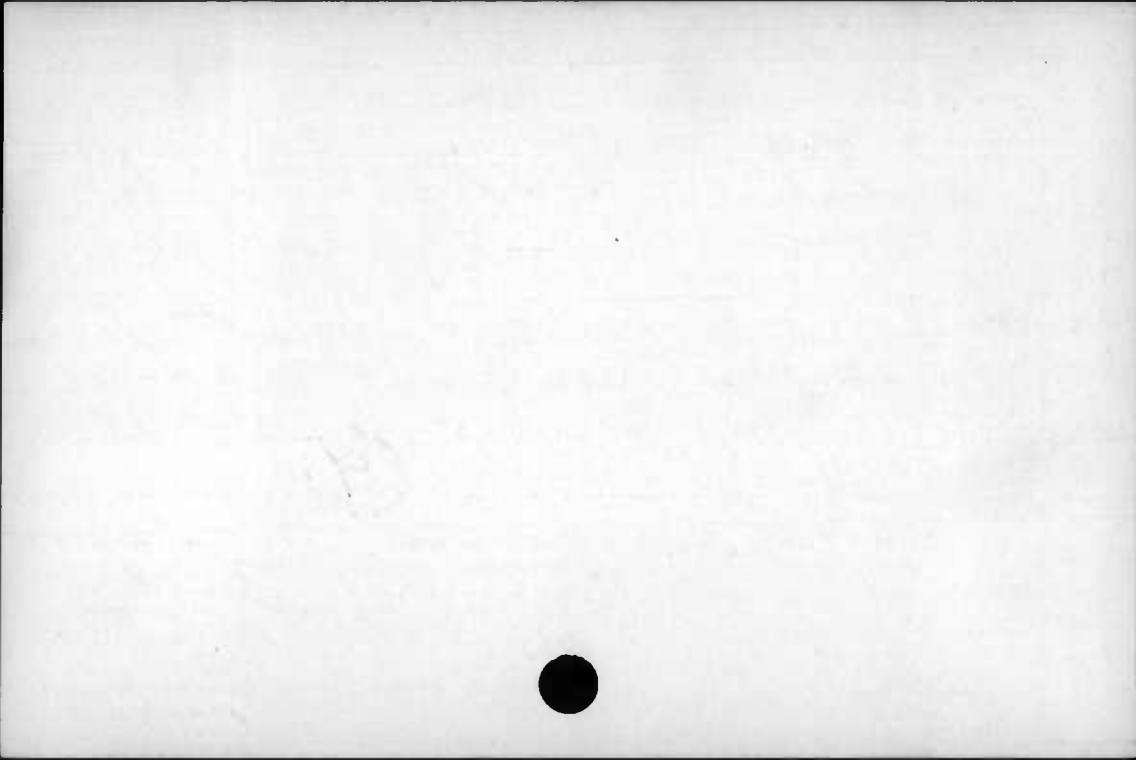
Died at <i>Middleville</i> Town		<i>Carmarthen</i> County		MARYLAND	
Date of death	1908	Month	7th	Day	27
Age		Years	4	Months	
Sex	<i>Female</i>	Color or Race	<i>White</i>	Birth-place	<i>Carmarthen</i>
Occupation		Where Residing if not at place of death			
Married, Single or Widowed		Name of Wife or Husband			
Father's Name		<i>William L. Fowler</i>		Father's Birthplace	
Mother's Maiden Name		<i>Delia Fowler</i>		Mother's Birthplace	
Name of person giving information		<i>Tom Fowler</i>		How related to deceased	

CAUSES OF DEATH

⑨

PHYSICIAN
OR CORONER

Primary	<i>Mesothoracic Glands</i>	How long	<i>1 week</i>
Immediate	<i>Manicure</i>	How long	<i>2 days</i>
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	
<i>Yes</i>		<i>P. B. B. B.</i>	
Accident or Suicide?		Address	
<i>No</i>		<i>Mountain</i>	



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Marlin Philip Griffith

Died at *Huntingtown*

Town

Calvert

County

MARYLAND

Date
of death *1908*Month *Feb*Day *21*Age *1*

Years

Months *3*

Days

Sex *male*Color or
Race*Black*Birth-
place*Cal. les.*

Occupation

*None*Where Residing if not
at place of deathMarried, Single
or WidowedName of Wife or
HusbandFather's
Name*Daniel Griffith*Father's
Birthplace*Cal. les.*Mother's
Maiden Name*Maggie South*Mother's
Birthplace*" "*Name of person giving
Information*Thurston South*How related
to deceased*Uncle*

CAUSES OF DEATH

92

Primary

Bronchial pneumonia

How long

10 days

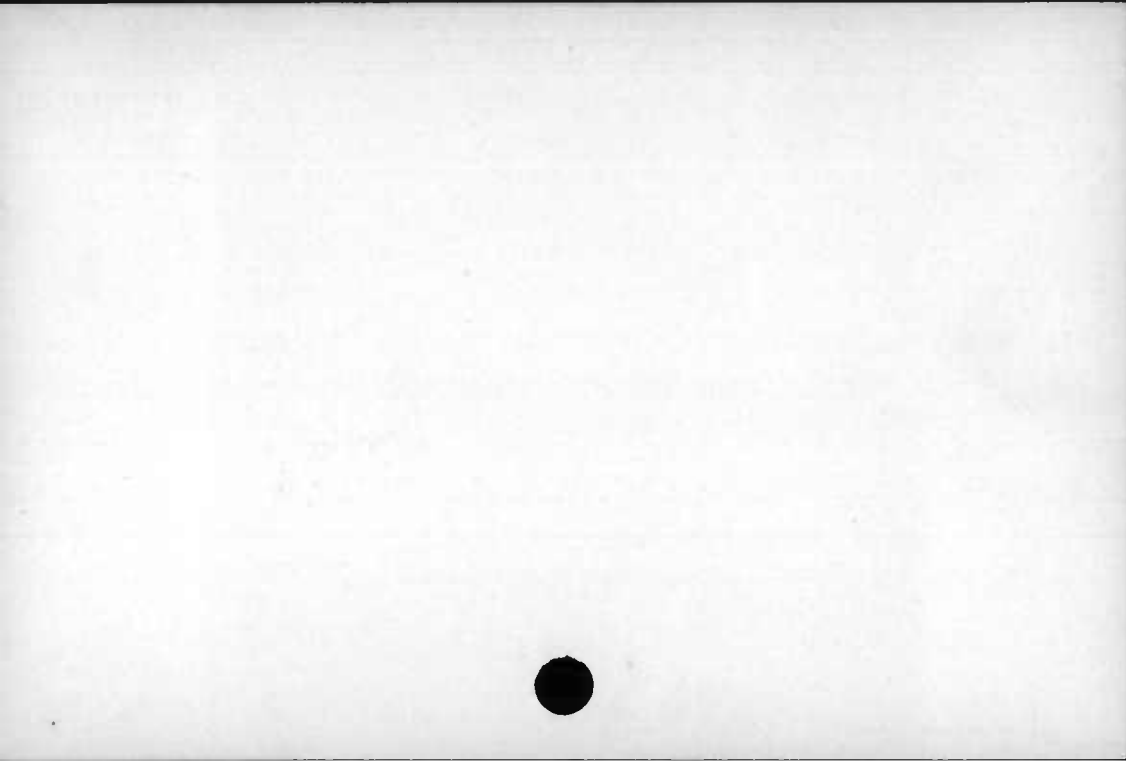
Immediate

Are the name, age, sex, color, date
and place correctly given above?*yes*Signature of
Physician

Address

J. W. Teitch
Huntingtown
md.

Accident or Suicide?



Name
in
Full

Lena Cornelia Groves

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Olivet</i> Town		<i>Calvert</i> County		MARYLAND	
Date of death <i>1908</i>	<i>Feb</i> Month	<i>9</i> Day	Age <i>1</i> Years	<i>3</i> Months	<i>-</i> Days
Sex <i>Female</i>	Color or Race <i>Colored</i>		Birth-place <i>Calvert Co md</i>		
Occupation <i>None</i>		Where Residing if not at place of death			
Married, Single or Widowed <i>Single</i>		Name of Wife or Husband <i>-</i>			
Father's Name <i>Major Groves</i>		Father's Birthplace <i>Calvert Co md</i>			
Mother's Maiden Name <i>Elsie Johnson</i>		Mother's Birthplace <i>Calvert Co md</i>			
Name of person giving information <i>Major Groves</i>		How related to deceased <i>Father</i>			

CAUSES OF DEATH

90

PHYSICIAN
OR CORONER

Primary <i>Cold and teething</i>	How long <i>one week</i>
Immediate	How long
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>	Signature of Physician <i>Geo F Chambers</i>
	Address <i>Sub-Registration L B 2 H Lusby, Calvert Co, md.</i>
<i>HT</i> Assistant or Coroner	



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Newtown</i> ^{Town} <i>Calvert</i> ^{County}		MARYLAND	
Date of death <i>1908</i>	<i>Feb</i> ^{Month}	<i>2</i> ^{Day}	<i>—</i> ^{Years}
Sex <i>Female</i>	Color or Race <i>Colored</i>	Birth-place <i>Calvert Co md</i>	Months <i>—</i> Days <i>—</i>
Occupation <i>None</i>	Where Residing if not at place of death		
Married, Single or Widowed <i>Single</i>	Name of Wife or Husband		
Father's Name <i>Sonny Hutchins</i>	Father's Birthplace <i>Calvert Co md</i>		
Mother's Maiden Name <i>Nannie Coates</i>	Mother's Birthplace <i>Calvert Co md</i>		
Name of person giving information <i>Josephine Hutchins</i>	How related to deceased <i>Grand mother</i>		

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>Still born</i>	How long
Immediate	How long
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>	Signature of Physician <i>Dr. J. Chambers</i>
	Address <i>Sub-Registrar</i>
	<i>Ludwig Calvert Co md</i>
<u>Accident or Suicide?</u>	



Name
in
Full

Caroline Jenkins

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Sunderland</i> Town		<i>Calvert</i> County		MARYLAND	
Date of death <i>1908</i>		Month <i>Feb</i>	Day <i>6</i>	Years <i>78</i>	Months <i></i> Days <i></i>
Sex <i>Female</i>	Color or Race <i>Black</i>		Birth-place <i>Cal. Cal.</i>		
Occupation <i>None</i>			Where Residing if not at place of death <i></i>		
Married, Single or Widowed		Name of Wife or Husband <i>Not known</i>			
Father's Name <i>Not known</i>			Father's Birthplace <i></i>		
Mother's Maiden Name <i>Harry Breeding</i>			Mother's Birthplace <i>Pr. George's</i>		
Name of person giving information <i>Wesley Parker</i>			How related to deceased <i>None</i>		

CAUSES OF DEATH

104

PHYSICIAN
OR CORONER

Primary <i>Old Age</i>	How long <i></i>
Immediate <i>Chronic Hypertitis</i>	How long <i>1 yr</i>
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>	Signature of Physician <i>J. W. Fitch</i>
	Address <i>Huntingtown</i>
Accident or Suicide? <i></i>	



Name
in
Full

Thomas Lewis

22
CERTIFICATE OF DEATHTO BE ANSWERED BY
NEAREST FRIEND

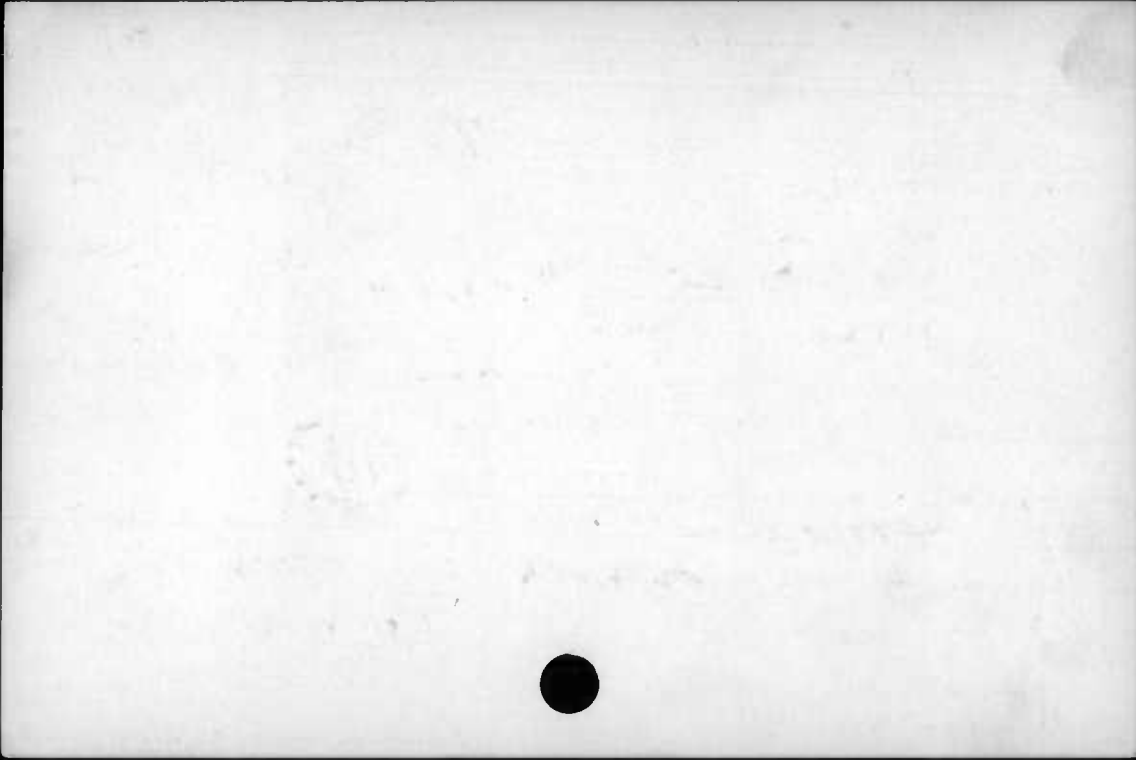
Died at <u>Wallerike</u> ^{Town}		<u>Calvert</u> ^{County}		MARYLAND	
Date of death	1908	Month	Feb	Day	23
Age	72	Years		Months	
Sex	Male	Color or Race	Colored	Birthplace	Calvert Co
Occupation	Farmer	Where Residing if not at place of death <u>Same</u>			
Married, Single or Widowed	Married	Name of Wife or Husband <u>Margie Porter</u>			
Father's Name	Jimmie Lewis	Father's Birthplace		Calvert	
Mother's Maiden Name	Mary Ann Thomas	Mother's Birthplace		Calvert	
Name of person giving information	Aunt Thomas		How related to deceased		Son-in-law

CAUSES OF DEATH

10

PHYSICIAN
OR CORONER

Primary	<u>Asphyxia</u>	How long	<u>one hour</u>
Immediate	<u>Summer debility</u>	How long	<u>6 months</u>
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician <u>P. Brown</u>	
		Address <u>Same</u>	
Accident or Suicide?			



Name in Full Mary v Taylor		CERTIFICATE OF DEATH	
Died at Francis Town		Calvert County	
Date of death 1908 Month Feb Day 22		Age 25 Months 2 Days 27	
Sex Female Color or Race Colored		Birth-place Calvert Co md	
Occupation Servant		Where Residing if not at place of death	
Married, Single or Widowed Single		Name of Wife or Husband —	
Father's Name Charles E Taylor		Father's Birthplace Calvert Co md	
Mother's Maiden Name Nancy How		Mother's Birthplace Calvert Co md	
Name of person giving information Artie Taylor		How related to deceased Sister-in-law	
CAUSES OF DEATH (27)			
Primary Culinary Phthisis		How long about one half	
Immediate Exhaustion		How long years	
Are the name, age, sex, color, date and place correctly given above? Yes		Signature of Physician Geo F Chambers md	
Address Lucy, Calvert Co md			
Accident or Crime?			

(12)